

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

JAN 26 1937

1. PLACE OF DEATH

County St. Louis
Township Clayton
City Clayton

Registration District No. 790
Primary Registration District No. 6033a
(No. ST. LOUIS CO. HOSP)

File No. 46108
Registered No. 481
St. _____ Ward _____

2. FULL NAME John Berry

(a) Residence, No. _____ St. _____ Ward. Jack, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SABRAJ Mt. Berry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26-1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 0 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 36 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jack, Mo.

FATHER 13. NAME John Berry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Nancy York

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT S. R. York
(ADDRESS) 3662-Commonwealth

18. BURIAL, CREMATION, OR REMOVAL PLACE Jack, Mo. DATE 1-1-37

19. UNDERTAKER Baumann Bros. Inc.
(ADDRESS) 2504-Woodson Rd - Overland, Mo.

20. FILED 1/30 1937 D. J. Squarrelli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 29- 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:29 m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia primary 12/25/36
Voluntus 12/26/36

Other contributory causes of importance:
Name of operation None Date of _____
What test confirmed diagnosis MEDICAL HISTORY Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) John O'Connell, M. D.
(Address) Former St. Louis County, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

